

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4563</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Richard</u> <u>P</u> <u>Poitras</u> P.O. Box, Bldg., Room No., if any Street <u>4054 Pacific Highway</u> City <u>Bellingham</u> State <u>Washington</u> ZIP Code + 4 <u>98226</u>	4. Name, file number, and address of labor organization. Name <u>Pacific NW Regional Council of Carpenters</u> Labor Organization File Number <u>540-172</u> P.O. Box, Building and Room Number, if any Street <u>25120 Pacific Highway S. Suite 200</u> City <u>Kent</u> State <u>Washington</u> ZIP Code + 4 <u>98032</u>
5. Position in labor organization. <u>Business Rep. / Labor Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 7/27/2005 Date 360-734-7900 Telephone Number

Name of Person Filing Richard Poitras

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Carpenters Trusts of Western Washington

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 1929

Street

2200-6th Ave. Suite 300

City

Seattle

State

Washington

ZIP Code + 4

98121

11.a. Nature of such dealing.

Registration, Airfare, Hotel, Meals, Incidentals and Parking

11.b. Approximate dollar value of such dealing.

\$5,821

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Mark Hamilton

Trade Name, if any:

Lazard Asset Management

P.O. Box, Bldg., Room No., if any

Street

One Rockefeller Plaza

City

New York

State

New York

ZIP Code + 4

10020

14.a. Nature of payment.

Dinner at the International Foundation Conference in New Orleans

13.b. Is the Business an Employer

☐

or Consultant

☒

?

14.b. Amount of payment.

\$160

Name of Person Filing Richard Poitras

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Kenneth Meister

Trade Name, if any: The Union Labor Life Insurance Co.

P.O. Box, Bldg., Room No., if any

Street 429 Santa Monica Blvd., Suite 620

City Santa Monica

State California ZIP Code + 4 90401

14.a. Nature of payment.

Dinner, Golf and Charity Events

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$469

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Other ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.